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<http://www.mass.gov/dph/boards/rn>

244 CMR 6.05 Massachusetts Board of Nursing Petition for Nursing Education Programs offered by a parent institution that has a principle place of business outside of Massachusetts offering Clinical Experience in Massachusetts

Part B – Student Clinical Placement Information

Part A: Submit one time at least 6 months prior to the start of any clinical experiences. Any changes to the Program information provided on this form must be updated within 7 days of such change.

Part B: Submit 30 days prior to any student clinical placement. A form must be completed for each clinical placement.

Program Name: _____

Program Administrator Name and Title: _____

Program Administrator Phone Number: _____

Program Administrator Email Address: _____

Clinical Agency: _____

Clinical Agency Address: _____

Written Agreement with Cooperating Agencies Utilized as Clinical Learning Site:

Written agreement is developed and reviewed annually by both the program and agency personnel

☐ Yes

☐ No

Written agreement is current

☐ Yes

☐ No

Written agreement is specific in defining parameters of activities and responsibilities of the:
program

☐ Yes

☐ No

student

☐ Yes

☐ No

cooperating agency

☐ Yes

☐ No

Proposed Start Date: _____

End Date: _____

Clinical Instructor Name: _____

Clinical Instructor MA RN License: _____

Highest Degree in Nursing: _____

Does this instructor require a waiver based on [MA Education Policy 02-02](#)? ☐ Yes ☐ No

If yes, which option? ☐ 1 ☐ 2 ☐ 3

Number of students in clinical group: _____

As CEO, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name

First Name

Title

Signed: _____ Date: _____

As Program Administrator, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name

First Name

Title

Signed: _____ Date: _____

